PSYCHOLOGICAL PROBLEM AND MENTAL HEALTH OF SWIMMERS: A COMPARATIVE STUDY BETWEEN SWIMMERS AND PLAYERS OF DIFFERENT SPORTS DISCIPLINE

A

SYNOPSIS

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CHAPTER-1

Introduction

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Background of the study

Swimming is a wonderful, refreshing summer pastime, but it is also a great form of exercise yearround and it can be a competitive sport, too.**Swimming** is an individual or team sport and activity. Competitive swimming is one of the most popular Olympic sports, with events in butterfly, backstroke, breaststroke, freestyle, and individual medley. In addition to these individual events, Olympic swimmers also participate in relays. Swimmers can also compete in open-water events (i.e. swimming in the Ocean).

Many swimmers who write to me often seem to feel they are experiencing a problem that most other swimmers do not - yet nothing could be further from the truth. It may be very helpful to know a big secret - that a huge amount of swimmers go through the very same problems, all over the world - and they quite often experience these over and over again - yes, sometimes even for years

Athletes experience unique stressors related to their athletic status such as extensive time demands; a loss of the 'star status' that many had experienced as high school athletes; injuries; the possibility of being benched/red-shirted their freshman year and conflicts with their coaches, among other factors (Papanikolaou et al., 2003). In addition to these stresses, freshmen athletes must also meet the increased academic demands at the college level. The interaction of these multiple stressors presents a unique problem for the college student athlete, and evidence suggests that the combination of these stressors has a negative affect on their Mental health . In addition to mental health concerns, many athletes report physical health concerns as well, such as lack of sleep,

continuous tension, fatigue, headaches, and digestive problems (Humphrey et al., 2000). In fact, 10% of college athletes suffer from psychological and physiological problems that are severe enough to require counseling intervention (Hinkle, 1994). Finally, athletes often find relationships with others quite stressful. For instance, recent findings have suggested that athletes often report problems such as negative and unsatisfactory relationships with teachers, coaches, and fellow athletes (Papanikolaou et al., 2003).

As per Porter (1990), up to 60% of university students left university without finishing their degrees; the majority of these students leave within the first two years due to inability to manage these psychological conditions, especially to cope with stress. Steinberg and Darling (1994) mentioned that 50% of university students who consulted mental health service complained of difficulties in study, anxiety, tension, and depression. They reported that these conditions contributed to poor grades in courses. Depression, anxiety, and stress were found to be interrelated to each other. The overlapping symptoms of these three psychological problems can lead to all sorts of academic problems that can give impact to academic achievement among students. For example it has been found that students' performance in school, college, and university is influenced by the symptoms of depression (Fine & Carlson, 1994; Stark & Brookman 1994), stress (Dusselier, Dunn, Wang,Shelly, & Whalen, 2005), and anxiety (Anson, Bernstein, &Hobfoll, 1984) which could lead to difficulties in concentration, lack of motivation and interest, poor attendance, and physical health such as headache and fatigability. These conditions will affect students' academicachievement. Bernstein, &Hobfoll (1984) which could lead to difficulties in concentration, lack of motivation and interest, poor attendance, and physical health such as headache and fatigability. These conditions will affect students' academic achievement.Yasin(2009) reveals that several students suffered from psychological problems, which in turn affected their academic performance. Many studies were conducted to address this issue and it was found that psychological problems, i.e., depression, anxiety, and stress do have influence on the academic achievement of the students. Students who are physically and psychologically stable are expected to perform bettercompared to those who are not physically, mentally and psychologically fit. In other words, those who are experiencing

psychological problems such as depression, anxiety and stress may face problems in managing their academic performance. Psychological stability is indeed an important predictor that could contribute to high academic achievement. The findings of such research may be used to develop strategies and approaches to help students to excel in their academic life.

The lack of research on psychological problem and mental health may lead to the difficulty to understand the psychological conditions in relation to academic achievement and education among students in India. Second, this study also hopes to contribute to theresearch on how to help and manage students who have low academic achievement. By having better understanding and knowledge about psychological condition of the students on depression, anxiety, and stress, it could help us to design and organize proper development program to help them. In short, it is important to obtain information about students' psychological conditions and psychological growth in the university because it is very much related to their academic achievement. Performance in academic life demands all aspects of well-being, those that include physical well being, social well being, emotional, spiritual and psychological well being.

In addition to mental health concerns, many athletes report physical health concerns as well, such as lack of sleep, continuous tension, fatigue, headaches, and digestive problems (Humphrey et al., 2000). In fact, 10% of college athletes suffer from psychological and physiological problems that are severe enough to require counseling intervention (Hinkle, 1994). Even more alarming is the fact that college student athletes tend to avoid seeking out available counseling (Murray, 1997), so the percentage of student athletes who may actually require such intervention is possibly higher than this figure. This is important since Murray (1997) has learned that in addition to those psychological and physiological issues mentioned above, athletes may also be in particular need of counseling for a variety of additional stress-related concerns, including time management, burnout, fear of failure, anxiety, depression, and self-esteem issues. Recent research has supported the contention that time in particular is an important obstacle for many athletes. Humphrey et al. (2000) report that for more than

40 percent of male athletes and well over half for the female athletes, factors related to "time" were the most serious causes of stress. Most of the respondents in this study felt that there was simply not enough time to combine academics and athletics and to do their best in both areas .Complicating the student athlete are difficulties related to academic success (Humphrey et al., 2000; Papanikolaou et al., 2003). In fact, 95% of male athletes and 86% of female athletes were stressed by factors such as: tests and examinations, preparing papers for class, missing classes because of travel, and making up missed assignments (Humphrey et al., 2000). In addition, many athletes find they are unprepared for academic life in college or falsely believe that they will be treated differently in the classroom because they are athletes (Papanikolaou et al., 2003).

Finally, athletes often find relationships with others quite stressful. For instance, recent findings have suggested that athletes often report problems such as negative and unsatisfactory relationships with teachers, coaches, and fellow athletes (Humphrey et al., 2000; Papanikolaou et al., 2003). there is a need to identify specific sources of stress that significantly affect student-athletes that may differ from those experienced by the traditional non-sport college student. This is especially true for the college freshman student-athlete who is facing multiple new challenges arising from athletic, academic and social demands. Many freshmen student-athletes are unprepared to successfully deal with these stressors, and knowledge about those specific factors leading to heightened stress levels is essential in the planning of effective intervention programs. Hence, the purpose of this exploratory study was to identify those stressors identified by Division-I freshmen athletes as most prevalent during their first semester in college.

Increasing concern has been expressed about the mental health of students in higher education. Concerns have been articulated by students themselves and by the academic staff who teach them. Perhaps the most persuasive evidence of an apparent increase in mental health problems in students has been produced, however, by the counseling services and pastoral staff in colleges and universities who Endeavour to assist students in difficulty, and by the staff of student health services.In the past few years, the mental ill health of students has attracted specific media attention. Some reporting has been sensationalized and irresponsible, for example when describing the suicide of students

in highly emotive and critical terms. Most media reports have been sensitive and balanced, however, drawing attention constructively to the apparent growth of emotional and psychiatric problems in the student population. These might have made it easier for students themselves to acknowledge problems such as depression and eating disorders.

Statement of the Problem

In the light of the above, the investigator becomes interested in determining the origin and prevalence of psychological problems and its effects of mental health among female Athletes. The problem will be stated "**psychological problem and mental health of swimmers: a comparative study between swimmers and players of different sports discipline.**

Objectives of the study

1. This study aims to determine the causes, incidence, and nature psychological problemamong **swimmers and players of different sports discipline**.

2.Determine the psychological problem of the **swimmers and players of different sports discipline**

3.Quantify the mental health of the **swimmers and players of different sports discipline**

4. Comprised the psychological problem of the **swimmers and players of different sports discipline**

5Comprised the mental health of the **swimmers and players of different sports discipline**

6.Comprised the Academic stress of the **swimmers and players of different sports discipline**

Hypothesis:

The following hypothesis will be formulated in this study.

1. There will be significant difference between the psychological problem of **swimmers and players of different sports discipline**with respect to (1) Depression (ii) Stress and (iii) Anxiety.
2. There will be significant difference between mental health of **swimmers and players of different sports discipline**
3. There will be significant effects of Academic stress on mental health of **swimmers and players of different sports discipline**4.

Significance of the Study

1. This study will help to know about psychological problem of **swimmers and players of different sports discipline**

2. This study will help to know about level of psychological problem of **swimmers and players of different sports discipline**

3. This study will help to know that how psychological problem may affects the sports performance

4. This study will help to know that how psychological problem may effects the Academic performance of the student athletes.

5. This study will help to know about psychological problem of **swimmers and players of different sports discipline**.

6.The present study undertaken to assess the mental health **swimmers and players of different sports discipline.**

Delimitation of the Study

The present study will be delimited to**swimmers and players of different sports discipline**

1) The present study will be delimited to 300 Swimmers and 300 others sports discipline from volleyball kabaddi and Kho-Kho in 100 of each games

2) The present study will be delimited to the players of 17-30 years of age.

3) The present study will be delimited to those swimmers and sports person who has been participating in minimum inter collegiate tournaments.

Definition and explanation of important technical terms

Psychological Problem

Psychological problem mental disorder of the players. Depression, stress, and anxiety are among the psychological problems are as given below

Depression

A depressed mood is the experience of unhappiness or distress. Depression may involve feelingsof being sad, weak, disappointed, frustrated, despair, helpless, and hopeless

Anxiety

Anxiety is a psychological disorder that is associated with significant suffering and impairment in functioning

Stress

Stress is a mechanism of any internal or external demand made upon the body

Mental health

Mental health was defined as an individual's state of well-being, when he or she realizes his orher own abilities, can cope with the normal stresses of life, can work productively

and fruitfully and is able to contribute to his or her community (World Health Organization, 2003a).

Limitation of the study

1. Since the both game players belonged to different level, hence the prior experience of the both players may be considered as a limitation to the study.

2. Since the both game players belonged to different training background this may be also considered as the limitation of the study.

3. The availability of the sophisticated instrument which may also be considered as the limitation of the study.

Chapter-II

Review of related literature

In this chapter the studies related to the problem selected are given below :

Matheny (2008) studied on cross-cultural study of the psychological problem, coping resources, and life satisfaction of college students in Mexico and the United States. Two-hundred-six Mexican college students (41 males and 165 females) and 241 U.S. college students (69 males and 172 females) completed the Perceived Stress Scale, the Coping Resources Inventory for Stress, and the Satisfaction with Life Scale. The analysis of the results was based on a transactional stress model, and it was intended to assess the extent to which perceived stress and coping resources predict life satisfaction. In addition, a description of the cross-cultural and male-female differences is presented. Finally, the authors discuss the appropriateness of the transactional stress model and the use of the three instruments for both Mexican and U.S. students.

Lee et.al.(2011)assess the prevalence of GI symptoms in nursing students in Korea and to examine the association between the perceived stress and GI symptoms. A cross-sectional descriptive study design was used. A total of 715 students of a three-year associate degree nursing program in a Korean college participated. The Perceived Stress Scale and a GI Symptoms Questionnaire were administered through a self-reported system. Chi-square tests, Fisher's exact test, and logistic regression analysis were performed using SPSS 17.0. Sixty-five percent of the nursing students experienced more than one GI symptom, with 31.1% of students reporting more than three GI symptoms. Most of the nursing students complained of upper dysmotility and bowel symptoms. In addition, students who reported higher perceived stress were significantly more likely to complain of GI symptoms. Compared to nursing students with the lowest perceived stress level, the adjusted odds ratio (OR) for GI symptoms in students with the highest perceived stress level was 3.52 times higher (95% CI =2.05-6.06).

Mane (2011) explored the differences and the correlates of perceived stress among students in professional courses.The data was analyzed from 282 students who were studying different courses, by sampling with a probability proportional to size through an anonymous, self administered questionnaire which covered socio-demographic data, stressors and a perceived stress scale.The prevalence of perceived stress by using the PSS scale was found to be 50 % in the study subjects. The mean PSS score was the highest for dental (29.5) and the lowest for pharmacy (23.2) students. The difference in the mean PSS scores among the students of different courses was statistically significant. No statistical difference was noted in perceived stress between the male and female students (P> 0.05).The main sources of stress were found to be related to physical and academic factors. The main coping strategies which were adopted were, talking to family members or friends (41.1%), sleeping (16%), watching TV/movies (12.6%) and listening to music. 47.2% students felt a need for professional help during stress.

William G et al (2006) studied two state sampling, 100 US. high Schools were randomly selected. Duringthe 2005 school year, LESRLS in nine sports were reported ; boys baseball, football and wrestling; girlssoftball and volleyball, boys and girls basketball and soccer. The authors calculated rates as the ratio ofLESRLS to the number of athlete 31 exposures. Among high school athletes in 2005, 2, 298 of 4,530injuries (52.8%) were LESRLS in U.S. high school athletes in nine Sports (1.33/1000 athlete exposures).Football had the highest LESRLS rate for boys (2.01/1000) and soccer the highest for girls (1.59/1000).

Kawrey (2012) compared of personality traits and anxiety behavior of student athletes and non student athleteswith respect to neuroticism, psychoticism, extraversion and lie scale and. Total 50 non student athletes and 50 student athletes were selected as a subject for the present study. Their age ranged from 21 to 30 years. Those Students participated in minimum intercollegiate tournament have consider for students athletes and those students not participated any sports activities at minimum intercollegiate tournament as consider for non student athletes. For the present study Eysenck personality inventory (1985) was and sport competition anxiety test (Marten, 1977), were utilized. It includes 90 questions of four personality variables and 15 for

Anxiety.Data was collected individually through a Eysenck personality inventory from 50 non student athletes and 50 student athletes by contacting from different college of Aurangabad District.E. P.I. were distributed to junior collegiate and senior collegiate volleyball players of Aurangabad instruction were given to the students before filling these inventory by the researcher. To analyze the data mean scores, standard deviation and t-ratio were used to comprise the personality traits with respect to psychoticism, neuroticism, and extraversion and lie scale and anxiety behavior between student athletes and non student athletes. The level of significant was set up at 0.05 level of confidence. With regards to psychoticism of Student athletes and non student athletes they have obtained the mean values of 11.12 and 11 respectively, which are given table 2.2 reveals that the no significance difference was found out in (t= 1.27) of Student athletes and non student athletes. With regards to neuroticism of Student athletes and non student athletes they has obtained the mean values of 9.88 and 10 respectively, which are given table 2.2 reveals that that no significance difference was found out in (t= 0.36) of Student athletes and non student athletes. With regards to extraversion of Student athletes and non student athletes has obtained the mean values of 10.96 and 11.68 respectively, which are given table 2.3 reveals that the no significance difference was found out in (t= 1.94) of Student athletes and non student athletes .With regards toLie-scaleof Student athletes and non student athletes they has obtained the mean values of 10.74 and 12 respectively, which are given table 2.4 reveals that the no significance difference was found out in (t=0.88) of Student athletes and non student athletes. With regards to neuroticism of female Student athletes and female non student athletes they has obtained the mean values of 12.19 and 11.24 respectively, which are given table 2.5 reveals that the significance difference was found out in (t= 1.98) of female Student athletes and female non student athletes. With regards to psychoticism of Student athletes and female non student athletes have obtained the mean values of 12.57 and 11.12 respectively, which are given table 2.6 reveals that the no significance difference was found out in (t= 1.33) of female Student athletes and female non student athletes. With regards to Extraversion of Student athletes and female non student athletes have obtained the mean values of 11.62 and 9.52 respectively, which are given table 2.7 reveals that the significance difference was found out in (t= 1.76) female

Student athletes and female non student athletes. With regards to Lie-scale of female Student athletes and female non student athletes have obtained the mean values of 11.98 and 9.52 respectively, which are given table 2.8 reveals that the significance difference was found out in (t=2.00 P< 0.5) female Student athletes and female non student athletes, female student athletes having more Liar tendency as compared to non student athletes, which means female non student athletes incur significantly more Liar tendency. With regards to anxiety of Student athletes and non student athletes have obtained the mean values of 14.29 and 11.2 respectively, which are given table 2.9 reveals that the significance difference was found out in (t= 1.85) Student athletes and non student athletes. With regards to anxiety of female student athletes and female non student athletes they have obtained the mean values of 17.08 and 19.61 respectively, which are given in table 2.10 reveals that the significance, difference was found out in (t=1.18 P< 0.5) female student athletes and female non student athletes, female student athletes students having less anxious as compared to non student athletes, which means that female non student athletes was found to have got more anxious.

Ojha (2002) found that social anxiety was significantly higher in orthopedically handicapped group. Orthopaedically handicapped females, were found to be more socially anxious as compared to orthopaedically handicapped males. However, few dimensions of mental health, viz. group oriented attitude, integration of personality, and positive self evaluation were found to be significant on physically handicapped in general. Latha (2002) revealed that higher Trait Anger scores (, 22) and high Hostility scores (< 9.29) significantly increases the risk for the coronary heart disease (CHD).

Khan (2003) said that without mentally healthy teachers we cannot aspire and expect a good society. Besides it, the teachers should be aware of and wll informed about mental health care programmes and practices so that they may guide and direct the student;s guardian/parent properly and accordingly, whenever it is needed.

Akhani, Rathi&Nath (2003) showed that hostelers had more religious personal values than day scholars, and day scholars are significantly high on health personal values. There was no significant difference between mental health of the two groups.Subjective well-being (SWB) is an abstract superordinate construuct causing the affective reactions

of Kho-Khos to their life experiences along a positive-negative continuum (Okun, 1987). Subjective well-being has been operationalized (Okun, Melichar& Hill,1990) by indicators of happiness, moral and life satisfaction. Diener, Suh, Lucas & Smith (1999) stated that subjective well-being is a general area of scientific interest rather than a single specifice construct and is abroad category of phenomena that include people's emotional responses, domain satisfaction and global judgments of life satisfaction.

Diener, Sandvik, Seidlitz&Diener (1993) have found a positive correlation between income and subjective well-being but Clark & Oswald (1994) dis not find a statistically significant effect of income in a representative saample from Britain. Smith &Razzel (1975) found that the effects of income often led to an increased level of distress. Thus, even positive changes in income may result in more stress, mitigating the positive effects of wealth on well-being. Recently Dinear et. al. (1999) in a review article have reported that over the years there is a linear increase in the income in America but did not find any increase in the well-being scores. Therefore, there appears to be a lack of consistency in the findings over the relationship between income and well-being. Bradley and Crowyn (2002) reveled that for children, SESinfluences well being at multiple levels including both family and neighbourhood. Its effects are moderated by childern's own characteristics, family's characteristics and external support system. Evans, Kantrowitz and Eshelmen (2002) found that elderly residents of higher quality homes, independent of multiple demographic factors (e.g. income, gender), feel more attached to their home, which in turn, appears to account for the relation between housing quality and positive effect of well being. Gorden, Savage, Lahey, Goodman et al. (2003) highlighted ways in which match and mismatch between family and neighbourhood income may encourage positive and negative social comparisons and may influence youth's ability to participate in social networks and enriching resources. Bookwalter and Delenberg (2004) found that important differences exist among groups based upon their economic status. For the poorest quartiles, transportation and housing play the most important role in determining well being while for richest quartiles sanitation, water, energy, education and health are relatively more important.

Abdulghani (2008) revealed that there was a prevalence of stress among tertiary students and it wasalso found that there was severe stress among medical students, 57% and 19.6% respectively. Themedical students in the study were from the College of Medicine at the King Saud University. Theresearcher used different kinds of tools to assess the stress level of respondents. The tools used wereBeck's Depression Inventory, General Health Questionnaire and Kessler10 Psychological Distress(K10).Uner, Ozcebe, Telatar and Tezcan (2008) revealed that 56.8% of students were found to be atrisk for mental health problems. The respondents were from Hacettepe University in Turkey andcomprised first and third year students in all faculties of the university. Their age ranged from 16 to 46years.Sherina, Lekhraj and Nadarajan (2003) investigated the prevalence of emotional disordersamong medical students in a Malaysian university using the 12 item General Health Questionnaire(GHQ-12). Results of the study show that 41.9% of the medical students surveyed experiencedemotional disorders. The researchers used a cut-off point of 4/5 on the GHQ-12 to determine whetherthe respondent could be categorized as positive or negative for emotional disorders.

Zaid, Chan and Ho (2007) studied the prevalence of emotional disorders using the Englishversion of the GHQ-12 among respondents who were medical students at a private medical school inIpoh, Perak, Malaysia. The researcher indicated that the prevalence of emotional disorders among themedical students was high (46.2%).

Goodwin and Friedman (2006) found that personality traits were associated with mental health.The researchers revealed that a higher level in conscientiousness would significantly decrease theprobability of mental disorders as well as extraversion and agreeableness. Nonetheless, a higher levelin neuroticism was found to significantly contribute to mental disorders. In this study, the respondentswere young adults in United States.

Haslam, Whelan and Bastian (2009) found that personality traits i.e. neuroticism, extraversion,agreeableness, conscientiousness and openness were significantly associated with subjective wellbeing.Besides that, the researchers indicated that all the traits were positively correlated withsubjective well-being except for one trait i.e.

neuroticism. The respondents in the study consisted 180psychology undergraduates, of whom 132 were women and 46 men. The average age of therespondents was 22 years old.

Swami et al., (2007) indicated that loneliness was negatively associated with general health.The respondents in the study were medical students whose age ranged from 18 to 24 years. They werefrom a local university in Malaysia. The researchers used the GHQ-12 and a revised version of theUCLA Loneliness Scale to measure general health and loneliness.

Dahlin, Joneberg and Runeson (2005) indicated that there was a significant difference inpressures experienced among first year, third year and sixth year medical students in KarolinskaInstitute Medical University, Stockholm. The analysis of the study found that first year studentsreported a highest degree of pressure compared to third year and sixth year students. Besides that, the Personality, Loneliness and Mental Health Among Undergraduates at Malaysian Universities 288 study also found that women experienced higher levels of stress than men. The study also compared the differences of pressures experienced between medical students and the general student population in the university.

Zaid et al., (2007) indicate that there was no significant difference of ethnicity and gender toemotional disorders (assessed through the GHQ-12). Emotional disorders were found to besignificantly different in the students' different years of study. The researchers found that first year and final year medical students had a high prevalence of emotional disorders. The prevalence of emotional disorders for first and final year students was 50% and 62.7% respectively.

Yen et al., (2006) found that factors related to demographic characteristic was associated withmental health. The researchers indicated that the female was more prone to have poor mental health. In this study, the respondents were junior high school students in Southern Taiwan.

Many researchers studied the stress experienced by students and the demographic factors affecting it. The study of Hamaideh (2011) aimed to identify stress and reactions to stress among university students and examine the correlations between student stressors and study variables. The result indicated that the highest group of stressors experienced by students was self imposed stressors followed by pressure. Cognitive responses were found to be the highest responses to stressors experienced by students. Chen, Wong, Ran and Gilson (2009) conducted a study to describe the relationship between college stress, coping strategy and psychological well-being, they used (342) students in (6) universities. The study has proved that psychological well-being has a negative relationship with college stress and a positive coping strategy has significant buffering effects on psychological health problems. Also they found that the male students reported higher level of stress, worse psychological well-being, and having less inclination towards using positive coping strategies. Tajularipin, Vizata and Saifuddin (2009) found that (29%) of the students experienced medium stress, and there is a significant difference in the level of stress attributed to gender, and between students in rural and urban secondary schools, the results also indicated that there are many factors influence students' stress such as parenting style, and parents education background. Laurence, Williams, and Eiland (2009) conducted a survey of (453) graduate students, (25%) reported elevated depressive symptoms, the study indicated the exams, fear of falling, shortage in clinical time, decrease in self-esteem and prompt reduction in time spent in recreational activity have been associated with higher stress levels. The purpose of Iglesias et al (2008) study was to obtain empirical evidence of the effects of a stress management programme on undergraduate Pharmacy and Biochemistry students. This programme consisted of (2) main stages, the first stage was to evaluate beliefs, academic skills and personal stress involvement problems. The second stage was to design a stress management pilot program (SMPP), this program included psycho-educational resources. The results suggested that SMPP has a promising applicability to deal with high levels of stress, improving the student academic performance and health. Kranz (2008) study used to evaluate stress levels experienced by students in a pharmacy curriculum. Data were collected using an individual interview that consisted of both a demographic and stress questionnaire. The results indicated that: students rated stress to

be average to above average, with a mean score of 3.8 out of 5, with regard to approaches used to manage stress, (70.5%) reported some form of active approach such as exercising , playing basketball or swimming. Wong, Cheung, Chan and Tang (2006) conducted a web-based survey of depression, anxiety and stress in first year tertiary education students in Hong Kong, the results indicated that (27.5%) of the sample (7915 students) had a moderate severity or above of depression, anxiety and stress.

CHAPTER-III

METHODOLOGY:

This chapter will explain the methodological details used to implement the study. Specifically, presented here are the general perspective and context of the study, an overview of the participants, a description of the instruments and procedures use in data collection, and an explanation of data analysis.

Universe of the study and sampling frame: The Universe of the study shall be the **swimmers and players of different sports discipline**of who has been minimum participating in intercollegiate tournament sampling frame divided in biological maturityalso.

Sampling method and Sample Size: The method of sample will be purposive –A non-random method of sampling **swimmers and players of different sports discipline**with a specific purpose. Total 300swimmers and 300 players from different sports discipline will be taken from Kabaddi , Kho-Kho and volleyballof with 100 in each group.

Research Design The design in a research study refers to "the researcher's overall plan for answering the researcher's question or testing the research hypotheses". The research design of the study is to non-experimental, descriptive survey design.

Ethical Consideration: In collecting the data, the researcher Follow to ethical guidelines, principles, and standards for studies conducting with human beings. The study will include safeguards for protecting humans, which involve three major ethical principles: beneficence, respect for human dignity, and human justice. Beneficence is the protection of participants from physical and psychological harm, exploitation, and performance of some good. The risk/benefit ratio of participation weighs the risk to participants against potential benefits to society. Beneficence implies maximizing benefits over risks. Respect for human dignity will involve the participant's right to self-determination (freedom to control own activities including participation in study)

.Justice includes the right to fair treatment (both in the selection of participants and during the course of the study) and right to privacy (through confidentiality procedures that safeguard information that participant's provide).

Inclusion and exclusion criteria

The inclusion and exclusion criteria for participants will be as follows:

The inclusion criteria are:

1. The participant will agree to participate in the study via an informed consent.

2. The participants must be female sports person , aged range will be 17to 30 years.

3. The participants will not be rotating through other health facility at the time of study.

The exclusion criteria are:

1. Active mental illness. The respondents will be advised not to fill the questionnaire if under Psychiatric assessment and management within 2 weeks of study.

2. Inability to obtain the consent of the respondent.

3. Presence of chronic medical conditions such as asthma, heart disease or any other condition.

Measures:

There will be Three parts of questionnaires, including 1) **Depression Anxiety Stress Scale (DASS)**;2) Health outcomes and lastly the demographic data and health history form.

Depression Anxiety Stress Scale (DASS) In assessing the psychological problems **the** Depression Anxiety Stress Scale (DASS**) will be** used to measure depression, anxiety,and stress. The DASS is designed to assess aspects of depression, anxiety and stress using a multidimensional approach in adolescents and adults (Lovibond&Lovibond, 1995). It is a 42-item self-report measure. Items fall into three scales; Depression (D), Anxiety (A), and Stress (S) with 14 items per scale. Each item is scored from 0 ("did not apply to me at all") to 3 ("applied to me very much, or most of the time") in terms of how much the item applied within the past week.

Mental health questionnaire.

Universal supreme health for all well being of Bal Kishan (1004) was used. The questionnaire consist of 48 items. it measures three dimensions of mental health namely 1) physical health well being related to de medication, De-adication, exercise, nutrition, hygiene and safty.2) mental health well being commuted to the factor at learning, self esteem, ethics, happiness, kindness and empathy and 3) spiritual well being includes faith & devotion, awareness, harmlessness, lirgness and transcendence and joy.

Academic Stress: For the student's academic stress, Gadzella's (1991) Students-life Stress Inventory will be used. It will compose of 51 items to be divided into two major sections: types of stressors and reactions to stressors. The types of stressors section will include both personal and academic stressors and is divided into the following five categories: frustrations, conflicts, pressures, changes, and self-imposed. The reactions to stressors section will comprise of the following four categories: physiological, emotional, behavioral, and cognitive. Participants respond to a five-point scale using 1 = never, 2 = seldom, 3 = occasionally, 4 = often, and 5 = most of the time.

Demographic information :

The demographic information about age, Weight, disease, daily smoking, drug use, etc. will be obtained before seeking responses.

Procedure for data collection:

The investigator will be personally contacted to the respondent and the purpose of the research will be explained to them. The questionnaires with consent form will be distributed to the respondent and the complete filled in questionnaire will be recollected later on. The required instructions about how to respond through the questionnaire will be given by the investigator to the respondents.

Data Processing :

Mean, Standard deviation, Percentage T-test and Analysis of variance will be used to compare the categorical variables among the groups. To assess the relationship between the main variable and stress, the study will use logistic regression analysis. To assess the relationships among the main variables, correlation test will be used to find out the relationship between Psychological problem and mental health.

TentativeChapterization:

The present study will be divided in the following chapters:

Chapter - 1

The Chapter One outlines the background of the problem under consideration, its significance in the present scenario, the scope of the study, objectives the research intends to achieve and hypotheses to be established. This chapters also includes the definition and explanation of important technical terms related to the study.

Chapter - 2

The Chapter Two undertakes the review of literature related to the present topic of study and tries to define the problem under consideration in a proper way. Firstly, the chapter defines important terms and concepts in a proper way to give readers an understanding of various terms in the research report. Secondly, it critically reviews the gender-based violence. The chapter identifies the research gaps between the problem under consideration and the available literature on the issues and strongly recommends further exploration on the problem.

Chapter - 3

This includes a detailed methodology of conducting research on the issue under consideration and various components of research design such as the universe, the sample, types of data, tools of data collection, technique of data collection, ethical consideration and methods use to analyse data.

Chapter - 4

The Chapter includes the interpretation of data and results of the study. The results of the study will be illustrated through suitable table and figure. This chapter will also include the discussion of findings.

Chapter - 5

The Chapter five summarizes the findings of the study and conclusions derived thereof. The research has also made some valuable suggestions for further research

References

DiBartolo, P. M., & Shaffer, C. (2002). A comparison of female college athletes and nonathletes: Eating disorder symptomatology and psychological well being. *Journal of Sport & Exercise Psychology, 24,* 33-42.

Hudd, S., Dumlao, J., Erdmann-Sager, D., Murray, D., Phan, E., Soukas, N., &Yokozuka, N. (2000). Stress at college: Effects on health habits, health status and self-esteem. *College Student Journal, 34,* 217-227.

Humphrey, J. H., Yow, D. A. & Bowden, W. W. (2000). *Stress in college athletics: Causes, consequences, coping.* Binghamton, NY: The Haworth Half-Court Press.

Kimball, A., &Freysinger, V. J. (2003). Leisure, stress, and coping: The sport participation of collegiate student-athletes. *Leisure Sciences, 25,* 115-141.

Kudlacek, T. L. (1997). Analysis of perceived stressors of National Collegiate Athletic Association Division I freshmen student-athletes and freshmen non-athlete students and

the effect of intervention programs on the stressors. *Dissertation Abstracts International Section A: Humanities and Social Sciences, 57,* 3871.

Martin, K.A., & Lichtenberger, C.M. (2002). Fitness enhancement and body image change. In T.F. Cash & T. Pruzinsky (Eds.), *Body images: A handbook of theory, research, and clinical practice.* New York: Guilford Press.

Morgan, W.P. (1984). Selected psychological factors limiting performance: A mental health model. *American Academy of Physical Education Papers, 18,* 70-80.

Papanikolaou, Z., Nikolaidis, D., Patsiaouras, A., &Alexopoulos, P. (2003). The freshman experience: High stress-low grades. *Athletic Insight: The On-line Journal of Sport Psychology, 5.*

Pritchard, M. E., Wilson, G., &Yamnitz, B. (2004). *What predicts adjustment among college students? A Longitudinal Panel Study.* Manuscript submitted for publication.

Skirka, N. (1997). The relationship of hardiness, sense of coherence, sports participation, and gender to perceived stress and psychological symptoms among college students. *Dissertation Abstracts International Section A: Humanities and Social Sciences, 58,* 0120.

Aikens, J. E., Wallender, J. L., Bell, D. S., & Cole, J. A. (1992). Daily stress variability, learned resourcefulness, regimen adherence, and metabolic control in Type I diabetes mellitus: Evaluation of a path model. *Journal of Counseling and clinical psychology, 60*(1), 113-118.

Andrews, B. & Wilding, J.M. (2004). The relation of depression and anxiety to life-stress and achievement in students. *British Journal of Psychology*. 95 (4): 509-522.

Anson, A., Bernstein, J, &Hobfoll, S.E. (1984). Anxiety and performance in two ego threateningsituations. *Journal of Personality Assessment.* 48 (2): 168-172.

Chemers, M. M., Hu, L., & Garcia, B. F. (2001). Academic self-efficacy and first-year college student performance and adjustment. *Journal of Educational Psychology, 93*(1), 55-64.

Chen,H. Wong,Y. Ran,M. and Gilson,C,(2009). Stress among Shanghai University Students.
Journal of Social Work. 9(3). pp. 323-344.

Demakis, G. J. & McAdams, D. P. (1994). Personality, social support, and well-being among firstyear college students. *College Student Journal*. 28(2): 235-243.

Dusselier, L., Dunn, B., Wang, Y., Shelley, M. C., & Whalen, D. F. (2005). Personal, health,academic, and environmental predictors of stress for residence hall students. *Journal of AmericanCollege Health.* 54: 15-24.

Dwyer, A. L. & Cummings, A. L. (2001). Stress, self-efficacy, social support, and coping strategies inuniversity students. *Canadian Journal of Counselling.* 35(3): 208-220.

Eun Young Lee Mi Suk Mun2 SeonHye Lee3 and Ho Soon Michelle Cho (2011)Perceived stress and gastrointestinal symptoms in nursing students in Korea: A cross-sectional Survey.BMC Nursing 2011, 10:22

Fine, J.M. & Carlson, C. (1994). A systems-ecological perspective on home-school intervention.

Fine, J.M. & Carlson, C. (Eds). *The Handbook of Family-school Intervention: A System*

Perspective. Massachusetts: Allyn and Bacon.

Ghaderiet.al. (2009) comparison the experiences of Stress, Anxiety, and depression among the Indian and the Iranian students Journal of the Indian Academy of Applied Psychology, January 2009, Vol. 35, No.1, 33-37.

Gwele, N. S., &Uys, L. R. (1998). Levels of stress and academic performance in baccalaureate nursing students. *Journal of Nursing Education, 37*(9), 404-407.

Haack, M. R. (1988). Stress and impairment among nursing students. *Research in Nursing and Health, 11*, 125-134.

Haines, M. E., Norris, M. P., &Kashy, D. A. (1996). The effects of depressed mood on academic performance in college students. *Journal of College Student Development, 37*(5), 519-526.

Hamaideh, S. (2011). Stressors and Reaction to Stressors among University Students. International Journal of Social Psychiatry. 57(1). pp. 69-80.

Hamama, R., Ronen, T., &Feigin, R. (2000). Self-control, anxiety, and loneliness in siblings of children with cancer. *Social Work in Health Care, 31*(1), 63-83.

Isaak, M. I., Graves, K. M., &Mayers, B. O. (2006). Academic, motivational, and emotional problems identified by college students in academic jeopardy. *Journal of College Student Retention, 8*(2), 171-183.

Jones, M. C., & Johnston, D. W. (2000). Reducing stress in first level and student nurses: A review of the applied stress management literature. *Journal of Advanced Nursing, 32*(1), 66-74.

Kranz, P. (2008). Perceived Stress by students in pharmacy curriculum. Education .129(1). Pp.71-78.

Kenneth B. Matheny, Bernardo Enrique Roque-Tovar, and William L. Curlette (2008) Perceived stress, coping resources, and life satisfaction among U. S. and mexican college students: A cross-cultural study **anales de psicología**2008, vol. 24, nº 1 (junio), 49-57

KonstantinasKononovas and Theodora Dallas (2009) Across-culturalcomparison of perceived stress and self-efficacy across Japanese, U.S. and Lithuanian students. PSICHOLOGIJA. 39.

Laurence, B. Williams, C. and Eiland, D. (2009) The Prevalence and Socio-demographic Correlations of Depression, Anxiety, and Stress among a group of university students. Journal of American Health. 58.94-105.

Lovibond, H.S. &Lovibond, P.F. (1995). *Manual for Depression Anxiety Stress Scale.* SydneyPsychology Foundation.

Mane A. (2011) Et.al.Differences In Perceived Stress And Its Correlates Among Students InProfessionalcoursesjournal of Clinical and Diagnostic Research. 2011 November (Suppl-1), Vol-5(6): 1228-1233

Mansfield, P. M., Pinto, M. B., Parente, D. H., &Wortman, T. I. (2004). College students and academic performance: A case of taking control. *NASPA Journal, 41*(3), 551-567.

Meichenbaum, D. (2007). Stress-inoculation training: A preventative and treatment approach. In P. M. Lehrer, R. L. Woolfolk, & W. S. Sime (Eds.), *Principles and Practice of Stress Management* (3rd ed.) (pp. 497-518). New York: Guilford Press

Misra, R & McKean, M. (2000). College students' academic stress and its relation to their anxiety,time management, and leisure satisfaction. *American Journal of Health Studies.* 16 (1): 41-52.

Murphy, M.C. & Archer, J. (1996). Stressors on the college campus: a comparison of 1985-1993. *Journal of College Student Development.* 37: 20-28.

Monate, A., & P.S. Lazarus, (Eds) (1977). *Stress and Coping: An Anthology*. New York: ColumbiaUniversity Press.

Mouw, J. T., & Khanna, R. K. (1993). Prediction of academic success: A review of the literature and some recommendations. *College Student Journal, 27,* 328-336.

Rawson, H.E., Bloomer, K., & Kendall, A. (1999). Stress, anxiety, depression, and physical illness in college students. *The Journal of Genetic Psychology*. 155(3): 321-330.

Seligman, L.D. &Wuyek, L.A. (2007). Correlates of Separation Anxiety Symptoms Among First-Semester College Students: An Exploratory Study. *The Journal of Psychology***.** 141(2): 135-146.

Sherina M.S., Lekhraj, R., &Nadarajan, K. (2003). Prevalence of emotional disorders among medical students in a Malaysian university. *Asia PacFam Med.* 2: 213-217.

Trockel, M. T., Barnes, M. D., &Egget, D. L. (2000). Health-related variables and academic performance among first-year college students: Implications for sleep and other behaviors. *Journal of American College Health, 49*(3), 125-131.

Surtees, P. G., Wainwright, N. W. J., &Pharoah, P. D. P. (2002). Psychosocial factors and sex differences in high academic attainment at Cambridge University. *Oxford Review of Education.* 28:21-38.

Tamini and Far (2009) Mental health and Life Satisfaction of Irani and Indian Students Journal of the Indian Academy of Applied Psychology, January 2009, Vol. 35, No.1, 137-141

Vogel, H. & Collins, A. (2006). The relationship between test anxiety and academic performance.*Journal of Abnormal and Social Psychology.* 67: 523-532.

Zaid, Z. A., Chan, S.C., & Ho, J.J. (2007). Emotional disorders among medical students in a Malaysian private medical school. *Singapore Medical Journal.* 48(10): 895-899.

Zajacova, A., Lynch, S. M., &Espenshade, T. J. (2005). Self-efficacy, stress, and academic success in college. *Research in Higher Education, 46*(6), 677-706.

Zeitlin-Ophir, I., Melitz, O., Miller, R., Podoshin, P., & Mesh, G. (2004). Variables affecting the academic and social integration of nursing students. *Journal of Nursing Education, 43*(7), 326-329.

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